

## 2019 WILLOW GROVE STABLE DERBY DAY REGISTRATION FORM

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Special Health Considerations (Allergies, etc.): \_\_\_\_\_

Health Insurance #: \_\_\_\_\_ AEF Membership # \_\_\_\_\_

Briefly describe your riding goals: \_\_\_\_\_

Are you bringing your own horse? Yes / No **ALL VISITING HORSES MUST HAVE PROOF OF VACCINATIONS**

Riding Ability: (Please check appropriate boxes):

Intermediate Rider

*(Jumping up to 2'9" or basic level dressage)*

Show Experience

Fees are payable to Willow Grove Stable Inc. GST #89204-0759 Email forms to <a href="mailto:trish@willowgrovestables.com">trish@willowgrovestables.com</a> or Fax to (403)938-6065			
July 16 <sup>th</sup> Derby Schooling Day 2'9 and up.	\$50.00	<input type="checkbox"/>	Owned or Leased horses only
Willow Grove Stables T-Shirts available for purchase S/M/L	\$25.00	Size ____	
Camping Fee	\$75.00	<input type="checkbox"/>	
Stabling - Box Stall <i>(very limited)</i>	\$30.00/night	_____ nights	
Stabling - Paddock <i>(very limited)</i>	\$15/night	_____ nights	
\$25.00 Discount (AEF Members, Pony Club and Willow Grove clients) <i>Discount only available until 7 days prior to start of selected camp. One discount per applicant.</i>			
GST 5%			
<b>Total Amount (including 5% GST)</b>			
Payment method: Cash / Cheque / Email Transfer / Visa / MC / <a href="#">PayPal</a>			
VISA/MC Number: _____ CV Code _____			
Name on card: _____			
Expiry Date: _____ Signature: _____			

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY - "For Participants Not 18 Years Old"

**Please Print Clearly**

Infant Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Infant's Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

**The Guardian must Read and Understand prior to the Infant Participating in Equine Activities**

TO: \_\_\_\_\_ their directors, employees, officers, (Name of Person, Organization or Company providing the Equine Activities) volunteers, business operators, and site property owners. (all of them collectively called the HOST)

*Initial each item below After Reading and Understanding the item*

- \_\_\_\_ 1. **I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding in the myself and infant Participant for all legal purposes.**
- \_\_\_\_ 2. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these "**RISKS**" are a common occurrence.
- \_\_\_\_ 3. **I Acknowledge** that the Inherent "**RISKS**" of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
  - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
  - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- \_\_\_\_ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent "**RISKS**" and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- \_\_\_\_ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- \_\_\_\_ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree**
- **To Waive All Claims that I or the infant Participant might have against the "HOST";** and
  - **To Release the "HOST" from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our "Legal Representatives" might suffer as a result of the infant's Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE "HOST";** and
  - **To HOLD HARMLESS AND INDEMNIFY THE "HOST"** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature Host Witness)

\_\_\_\_\_  
(Signature of Parent/Guardian)

**Do Not Sign until you Understand All Items Above**

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For Participants 18 or Older”

**Please Print Clearly**

Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

**Every person must Read and Understand prior to Participating in Equine Activities**

TO: \_\_\_\_\_ their directors, employees, officers, (Name of Person, Organization or Company providing the Equine Activities) volunteers, business operators, and site property owners. (all of them collectively called the HOST)

*Initial each item below After Reading and Understanding the item*

- \_\_\_\_ 1. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- \_\_\_\_ 2. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
  - The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
  - The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
  - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- \_\_\_\_ 3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.
- \_\_\_\_ 4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.
- \_\_\_\_ 5. **In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
  - **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
  - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
  - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of HOST Witness)

**Do Not Sign until you Understand All Items Above**